

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10719874  
FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1	3				
5	1					
6	2					
7	1					
8						
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	8	↔	↔	↔		
TOTAL CLAIMS	11	██████████	██████████	██████████		

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		██████████	██████████	██████████		